

CERTIFICATIONS AND ASSURANCES

I, Wanda Rogers, authorized representative of Hampton Department of Human Services on behalf of the organization do hereby certify that, if an award is received, the organization will conform to all programmatic regulations, guidelines and requirements set forth in the application, in the grant agreement, and in the program guidelines while conducting grant activities for the program funded.

To this end, I certify/assure the following:

Please check all applicable.

1.	<input checked="" type="checkbox"/> The program supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law.
2.	<input checked="" type="checkbox"/> The organization will provide all activities under the program in a manner that is free from religious influence.
3.	<input checked="" type="checkbox"/> The organization will not require a fee or donation as a condition for receiving assistance.
4.	<input checked="" type="checkbox"/> The organization operates in a facility that is in compliance with applicable state and local health, building, and fire safety codes, or agrees to make necessary improvements/repairs for code compliance.
5.	<input checked="" type="checkbox"/> The organization shall maintain and operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of grant funds.
6.	<input checked="" type="checkbox"/> The organization will administer a policy to ensure a workplace that is free from the illegal use, possession or distribution of drugs or alcohol by its employees and/or beneficiaries.
7.	<input checked="" type="checkbox"/> The organization will maintain and operate under a standardized conflict of interest procedure for employees and members of the board.
8.	<input checked="" type="checkbox"/> The organization will insure the confidentiality of program participants.
9.	<input checked="" type="checkbox"/> The organization will follow a board approved grievance and termination policy.
10.	<input checked="" type="checkbox"/> The organization will implement a plan to maximize mainstream resources toward meeting program participant needs.
11.	<input checked="" type="checkbox"/> The organization will adhere to generally accepted accounting principles, generally accepted auditing standards, State and Local laws.
12.	<input checked="" type="checkbox"/> The organization will participate in the local CoC (or local planning group) centralized or coordinated assessment system.
13.	<input checked="" type="checkbox"/> The organization has current HMIS licenses.
14.	<input checked="" type="checkbox"/> The organization will meet all HMIS data standards.
15.	<input checked="" type="checkbox"/> The organization agrees to participate in state data collection efforts.
16.	<input checked="" type="checkbox"/> The organization is free of outstanding DHCD or other findings or issues.
17.	<input checked="" type="checkbox"/> The organization has no unresolved IRS findings/issues.

Wanda E. Rogers
Signature of Authorized Representative

11/3/16
Date

Director Hampton Human Services
Title of Authorized Representative (print or type)

